

<i>SERFF Tracking Number:</i>	<i>ASPX-125404035</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Bankers Insurance Company of Florida</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>02660-SL</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0000 Other Liability Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>SCO - Stableowners</i>		
<i>Project Name/Number:</i>	<i>SCO - Stableowners/GL AR02660AIF01</i>		

Filing at a Glance

Company: American Bankers Insurance Company of Florida

Product Name: SCO - Stableowners	SERFF Tr Num: ASPX-125404035	State: Arkansas
TOI: 17.0 Other Liability - Claims Made/Occurrence	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations	Co Tr Num: 02660-SL	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
	Author: SPI AssurantPC	Disposition Date: 12/31/2007
	Date Submitted: 12/27/2007	Disposition Status: Approved
Effective Date Requested (New): 04/01/2008		Effective Date (New):
Effective Date Requested (Renewal): 04/01/2008		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: SCO - Stableowners	Status of Filing in Domicile:
Project Number: GL AR02660AIF01	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 12/31/2007	
State Status Changed: 12/31/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
American Bankers Insurance Company of Florida is submitting mandatory Form B8364E0907 Racing Exclusion for the Department's review. Our proposed effective date is 4/1/2008 for new and renewal business.	

Company and Contact

SERFF Tracking Number: ASPX-125404035 State: Arkansas
 Filing Company: American Bankers Insurance Company of State Tracking Number: EFT \$50
 Florida
 Company Tracking Number: 02660-SL
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
 Product Name: SCO - Stableowners
 Project Name/Number: SCO - Stableowners/GL AR02660AIF01

Filing Contact Information

Wendy Sara-Kalisz,
 8655 East Via De Ventura (800) 535-1333 [Phone]
 Scottsdale, AZ 85258

Filing Company Information

American Bankers Insurance Company of CoCode: 10111 State of Domicile: Florida
 Florida
 11222 Quail Roost Dr Group Code: 19 Company Type:
 Miami, FL 33157 Group Name: Assurant, Inc. Group State ID Number:
 (305) 253-2244 ext. [Phone] FEIN Number: 59-0593886

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Bankers Insurance Company of Florida	\$50.00	12/27/2007	17261132

SERFF Tracking Number: ASPX-125404035 State: Arkansas
Filing Company: American Bankers Insurance Company of State Tracking Number: EFT \$50
Florida
Company Tracking Number: 02660-SL
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: SCO - Stableowners
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	12/31/2007	12/31/2007

SERFF Tracking Number:	ASPX-125404035	State:	Arkansas
Filing Company:	American Bankers Insurance Company of Florida	State Tracking Number:	EFT \$50
Company Tracking Number:	02660-SL		
TOI:	17.0 Other Liability - Claims Made/Occurrence	Sub-TOI:	17.0000 Other Liability Sub-TOI Combinations
Product Name:	SCO - Stableowners		
Project Name/Number:	SCO - Stableowners/GL AR02660AIF01		

Disposition

Disposition Date: 12/31/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ASPX-125404035 State: Arkansas

Filing Company: American Bankers Insurance Company of Florida State Tracking Number: EFT \$50

Company Tracking Number: 02660-SL

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations

Product Name: SCO - Stableowners

Project Name/Number: SCO - Stableowners/GL AR02660AIF01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter, Form Filing Schedule, AR Cert of Compliance, Filing Memo	Approved	Yes
Form	Racing Exclusion	Approved	Yes

SERFF Tracking Number: ASPX-125404035 State: Arkansas

Filing Company: American Bankers Insurance Company of Florida State Tracking Number: EFT \$50

Company Tracking Number: 02660-SL

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations

Product Name: SCO - Stableowners

Project Name/Number: SCO - Stableowners/GL AR02660AIF01

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Racing Exclusion	B8364E	0907	Policy/CoveNew rage Form		0.00	B8364E.PDF

AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA RACING EXCLUSION

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ CAREFULLY.

This endorsement modifies insurance provided under the following:

STABLE LIABILITY POLICY

The following is added to the **EXCLUSIONS** Section **EXCLUSIONS THAT APPLY TO BODILY INJURY AND PROPERTY DAMAGE.**

14. "We" do not pay for "bodily injury" or "property damage" that arises out of the ownership, use, or maintenance of an animal in, or in the practice or preparation for, any prearranged racing, speed, pulling or pushing, or stunt activities or contests. However this exclusion applies only to "occurrences" that take place at the location designated for the contest or activity.

All other terms, conditions, exclusions and agreements of the policy shall remain unchanged.

<i>SERFF Tracking Number:</i>	<i>ASPX-125404035</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Bankers Insurance Company of Florida</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>02660-SL</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0000 Other Liability Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>SCO - Stableowners</i>		
<i>Project Name/Number:</i>	<i>SCO - Stableowners/GL AR02660AIF01</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ASPX-125404035 State: Arkansas
Filing Company: American Bankers Insurance Company of Florida State Tracking Number: EFT \$50
Company Tracking Number: 02660-SL
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: SCO - Stableowners
Project Name/Number: SCO - Stableowners/GL AR02660AIF01

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	12/31/2007
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Comments:

Attachment:

P&C Filing Transmittal Document.PDF

Satisfied -Name:	Cover Letter, Form Filing Schedule, AR Cert of Compliance, Filing Memo	Review Status:	Approved	12/31/2007
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Comments:

Attachments:

Cover Letter.PDF

Form Filing Schedule.PDF

AR Cert of Compliance.PDF

Filing Memo.PDF

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name	Group NAIC #
Assurant, Inc.	0019

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
American Bankers Insurance Company of Florida	Florida	10111	59-0593886	

5. Company Tracking Number	02660-SL
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Wendy Sara 8655 E. Via de Ventura E200 Scottsdale, AZ 85258	Regulatory Analyst	800-535-1333, Ext. 563	480-443-3785	Wendy.Sara@assurant.com

7. Signature of authorized filer	Wendy Sara
8. Please print name of authorized filer	Wendy Sara

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.0 Other Liability- Claims Made/Occurrence
10. Sub-Type of Insurance (Sub-TOI)	17.0000 Other Liability Sub-TOI Combinations
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Stable Liability
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 4/1/2008 Renewal: 4/1/2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	NA

17.	Reference Organization # & Title	NA
18.	Company's Date of Filing	12/27/2007
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	02660-SL
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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American Bankers Insurance Company of Florida Wishes to submit for review and approval the following forms:

Form **B8364E0907 Racing Exclusion** was derived from **AAIS** form **GL 810 – Commercial Liability Coverage (Farm Premises and Operations)** This form will be used to exclude bodily injury or property damage that arises out of the ownership, use, or maintenance of an animal in, or in the practice or preparation for, any prearranged racing, speed, pulling or pushing, or stunt activities or contests. This form is a Mandatory **Exclusion**.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: Amount:</p> <p>Only if applicable.</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

Effective March 1, 2007

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**



ASSURANT
Specialty
Property

American Reliable
Insurance Company
American Bankers Insurance
Company of Florida
8655 E. Via De Ventura, Suite E200
Scottsdale, AZ 85258
T 480.483.8666 F 480.483.1675

SENT VIA SERFF

www.assurant.com

December 27, 2007

Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201

Re: American Bankers Insurance Co. of Florida
Form Filing - Revision
Stable Liability Program
Company Filing No.: 02660-SL
Proposed Effective Dates: 04/01/2008 New & Renewal Business

NAIC # 0019-10111
FEIN: 59-0593886

American Bankers Insurance Company of Florida respectfully submits the attached form revision for our currently approved Stable Liability Program in your state. Our proposed effective date is April 1, 2008 for new and renewal business.

Enclosed for your review and consideration are:

- Ø This letter
- Ø P&C Transmittal Document
- Ø Forms Filing Schedule
- Ø Filing Memorandum
- Ø Form B8364E0907 Racing Exclusion (applicable to this filing)
- Ø Filing Fee, only if applicable

We request the option of moving boxes, reformatting text and changing page size to accommodate system programming and client needs. The content will remain as approved by your Department.

Please feel free to contact me at the email address or telephone number listed below if you should have any questions. We look forward to receiving your Department's approval.

Regards,
Wendy Sara
Regulatory Analyst
New Email: Wendy.Sara@assurant.com
Phone: (800)-535-1333, Ext. 563

Attachments

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		02660-SL		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Racing Exclusion	B8364E0907	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

ARKANSAS CERTIFICATE OF COMPLIANCE

(You may print or type the information required by this form)



I, Valley Owens, Assistant Vice President of
(Name) (Title of Authorized Officer)

American Bankers Insurance Company of Florida
(Name of Insurer)

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:

- Arkansas Code Annotated;
- Arkansas Rules and Regulations;
- Arkansas Insurance Bulletins, Directives and Orders;
- Applicable filing requirements including the applicable product standards set forth in the product checklists; and
- Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate corrective action shall be taken by the commissioner against the company.

3. Pursuant to Ark. Code Ann. § 23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.

4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

Does this Certification apply to all the companies in this filing? (Yes or No) ▶ Yes

If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #

Company Tracking Number ▶ 02660-SL

Signature of Authorized Officer ▶

A handwritten signature in dark ink, appearing to read "Valley Owens".

Name of Authorized Officer ▶ Valley Owens

Title of Authorized Officer ▶ Assistant Vice President

Email address of Authorized Officer ▶ Valley.Owens@assurant.com

Telephone # of Authorized Officer ▶ 800-535-1333

Date ▶ 12/27/2007

This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3rd St., Little Rock, AR 72201, telephone: 501-371-2800, or email: information.pnc@state.ar.us

**AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA
EXPLANATORY MEMORANDUM**

American Bankers Insurance Company of Florida Wishes to submit for review and approval the following forms:

Form **B8364E0907 Racing Exclusion** was derived from **AAIS** form **GL 810 – Commercial Liability Coverage (Farm Premises and Operations)** This form will be used to exclude bodily injury or property damage that arises out of the ownership, use, or maintenance of an animal in, or in the practice or preparation for, any prearranged racing, speed, pulling or pushing, or stunt activities or contests. This is form is a Mandatory **Exclusion**.